



# CITY OF BOSTON SCHOLARSHIP FUND APPLICATION FORM

Number \_\_\_\_\_

INSTRUCTIONS: Be sure to answer all the questions. Submit the completed application form with personal recommendation, and official secondary school record or G.E.D., no later than April 1. Mail to: Scholarship Fund, P.O. Box 400, City Hall Plaza, Boston, MA 02105.

## GENERAL INFORMATION (Please print or type.)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Area Code) (Area Code)

Date & Place of Birth (M/D/Y) \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (County)

Are you a permanent Alien Resident? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No Other (Please specify \_\_\_\_\_)

## OPTIONAL (Check the appropriate box.)

☐ Male ☐ Female

☐ American Indian ☐ Asian ☐ African American ☐ Latino ☐ White ☐ Other

## ACADEMIC INFORMATION (Secondary School Education & Academic Information)

School Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Cumulative Grade Point Average \_\_\_\_\_ Rank in Class \_\_\_\_\_ Class Size \_\_\_\_\_

G.E.D. Program \_\_\_\_\_ Score \_\_\_\_\_ Date of Completion \_\_\_\_\_

## POST-SECONDARY SCHOOL PLANS

(Provide the names of post-secondary Institutions you are applying to, or have been accepted at. )

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Date of Expected Entry \_\_\_\_\_ Field of Study \_\_\_\_\_  
(Recipients of scholarship must attend a post-secondary institution in Massachusetts. )

## WORK EXPERIENCE (Describe your work experience during the past two years: Employer and hours per week.)

1. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

**WORK EXPERIENCE** (continued)

2. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

**ACTIVITIES, AWARDS, AND HONORS** (List all school activities in which you have participated.)

Type of Activity (e.g. student govt, sports, choir, yearbook, etc.)	Number of Years	Position

**COMMUNITY SERVICE** (List all volunteer and community service activities during the past two years.)

Type of Activity	Number of Years	Position	Hours per Week

List the three most important community activities in which you have been involved.

**FINANCIAL DATA** (Finalists will be required to provide a copy of their most recent 1040 tax return and FAF form for verification of financial need.)

A. Estimated educational cost (Tuition, fees, books)	\$	
B. Living expenses (room and board)	\$	
C. <b>TOTAL EXPENSES (A plus B)</b>		\$
D. Family contribution to expenses	\$	
E. Scholarships, grants, loans, and other sources	\$	
F. <b>TOTAL SUPPORT (D plus E)</b>		\$
G. <b>CALCULATE FINANCIAL NEED (Subtract F from C)</b>		\$

**ESSAY QUESTION REQUIRED OF ALL APPLICANTS**

"How will your education benefit your future career goals and contribute to the good of the City of Boston?"  
(Write an essay on a separate sheet of paper, no more than 250 words, single-spaced.)

**SIGNATURE**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years of age)